

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death

Month

Day

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

64

4

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Borclay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>April</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Blk</i>	Birth-place <i>Ind</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Borclay</i>	Fether's Birthplace <i>Ind,</i>				
Mother's Maiden Name <i>Sadie Pinder</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Sadie Borclay</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide	



Name
in
Full

Barkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>April</i> ^{Month}	<i>9</i> ^{Day}	Age	Years	Months
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo Barkley</i>			Father's Birthplace		
Mother's Maiden Name <i>Sarah Pinder</i>			Mother's Birthplace		
Name of person giving information <i>Eliza Knight</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stitch Bone</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm Haverly</i>	
		Address <i>Health Officer</i>	
Accident or Suicide?			



Name
in
Full

Albert Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

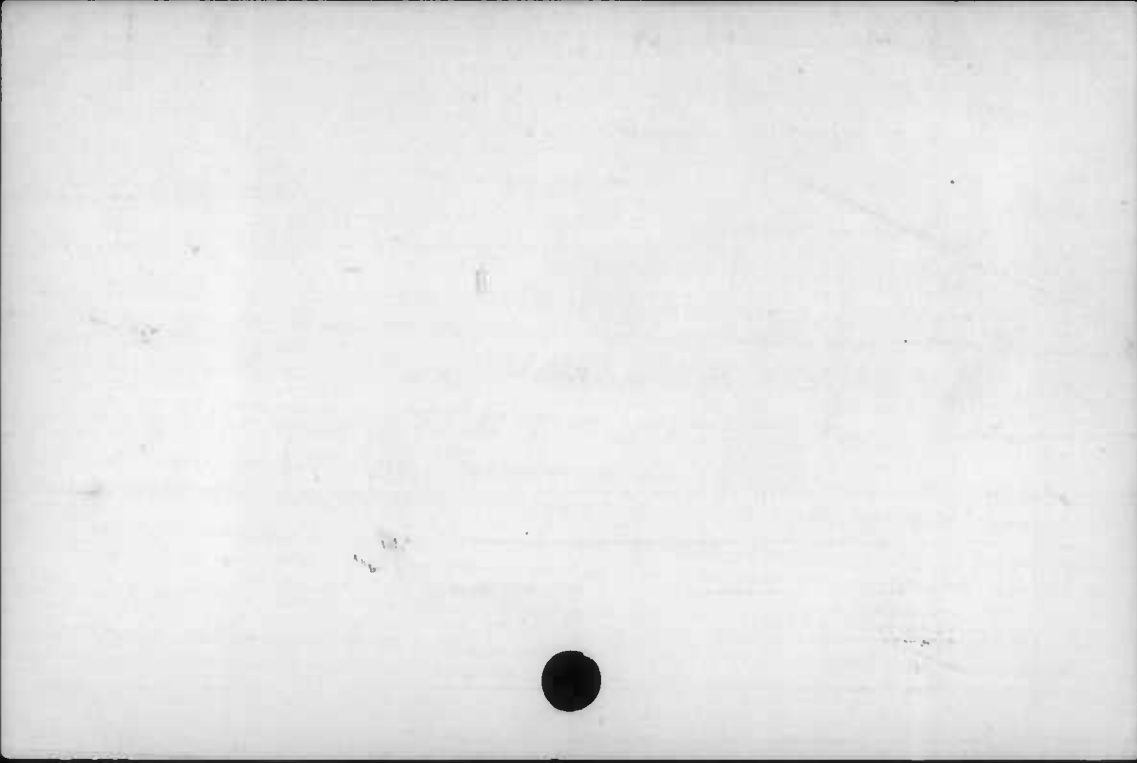
Died at <i>Bucktown</i> ^{Town}		<i>Doe</i> ^{County}		MARYLAND	
Date of death	<i>1910</i> ^{Month}	<i>April</i> ^{Day}	Age <i>3</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Golden Hill</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>none</i>		
Married, Single or Widowed <i>single</i>			Name of Wife or Husband <i>none</i>		
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Adelle Barnes</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Adelle Barnes</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>unknown</i>
Immediate <i>Exhaustion</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Haub</i>
<i>2</i>	Address <i>Health Officer</i>
Accident or Suicide?	



Name
in
Full

Constantine Wm Louis Behr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Williamsburg</i>		^{County} <i>Dorchester.</i>		MARYLAND	
Date of death <i>1940</i>	^{Month} <i>Apr.</i>	^{Day} <i>22nd</i>	^{Years} <i>63</i>	^{Months} _____	^{Days} _____
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany.</i>	
Occupation <i>Farm Laborer.</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Unknown.</i>			Father's Birthplace <i>Unknown.</i>		
Mother's Maiden Name <i>Louisa Behr. (Unknown)</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ferdinand Ratchlett,</i>			How related to deceased <i>Friend.</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>myocarditis.</i>	How long	<i>sev. yrs.</i>
Immediate	<i>phlebotomy of lungs</i>	How long	<i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yro.</i>		Signature of Physician <i>G. F. Sweeney</i>	
		Address <i>Federalburg Md.</i>	
Accident or Suicide? <i>_____</i>			



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant (still born) Bradford
 Town County
 Died at Grapo Dorchester
 Maryland
 Date of death 1900 Apr 16 Age Infant, still born.
 Sex Male Color or Race White Birth-place Grapo Md
 Occupation No occupation Where Residing if not at place of death Died at home
 Married, Single or Widowed Single Name of Wife or Husband
 Father's Name William H Bradford Father's Birthplace Grapo. Md
 Mother's Maiden Name Ida J. Hilley Mother's Birthplace Hopland Md
 Name of person giving Information William H. Bradford How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
 Immediate Asphyxiation in utero
 Are the name, age, sex, color, date and place correctly given above? Yes, so far as I know
 Signature of Physician J. M. White M.D.
 Address Grapo Md
 Accident or Suicide

(S) How long



Name
in
Full

Malden Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Secretary* Town *Dorchester* County
 Date of death 19*00* Month *4* Day *23* Age *3* Years *3* Months *3* Days
 Sex *Male* Color or Race *White* Birth-place *Dorchester Co.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Thomas Bradley

Father's Birthplace

Dorchester Co.

Mother's Maiden Name

Mellie Twilley

Mother's Birthplace

Dorchester Co.

Name of person giving Information

John Bradley

How related to deceased

Grandfather

CAUSES OF DEATH

Primary

How long

*189**2*

Immediate

Morassimus

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

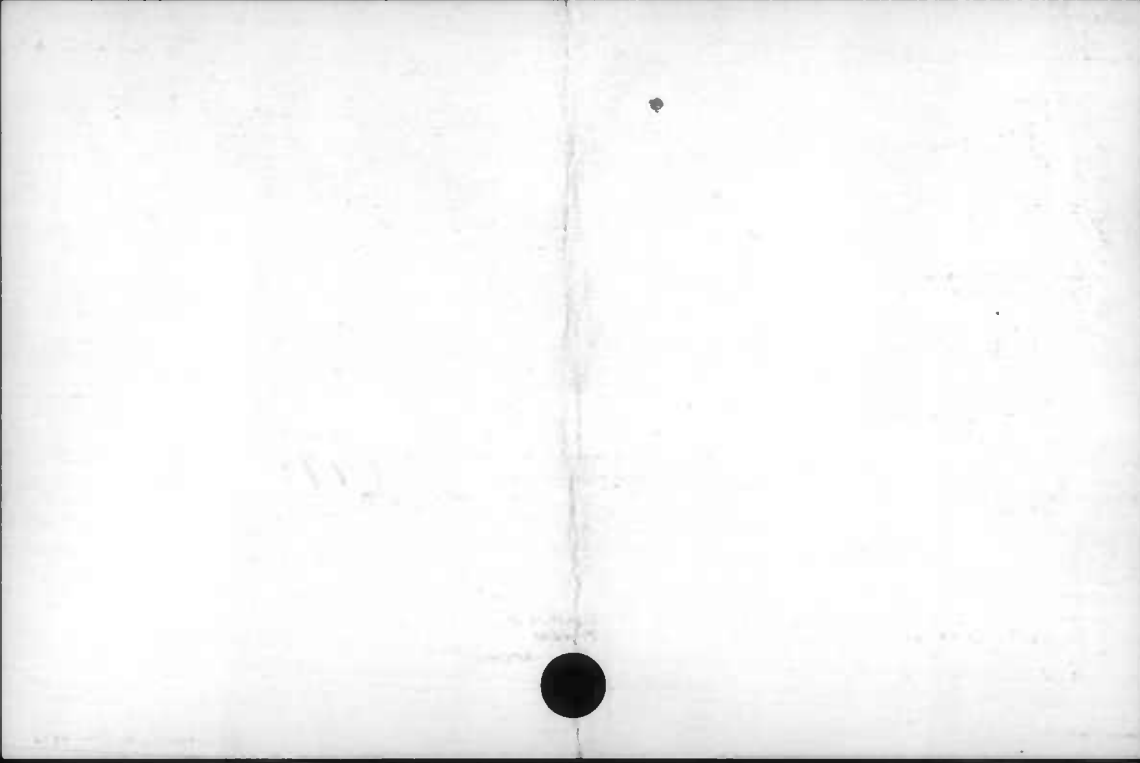
H. F. Nichols M.D.

Address

E. N. Market

Accident or Suicide

*M.D.*PHYSICIAN
OR CORONER



Name
in
Full

Malinda Cannon

CERTIFICATE OF DEATH

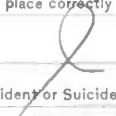
TO BE ANSWERED BY
NEAREST FRIEND

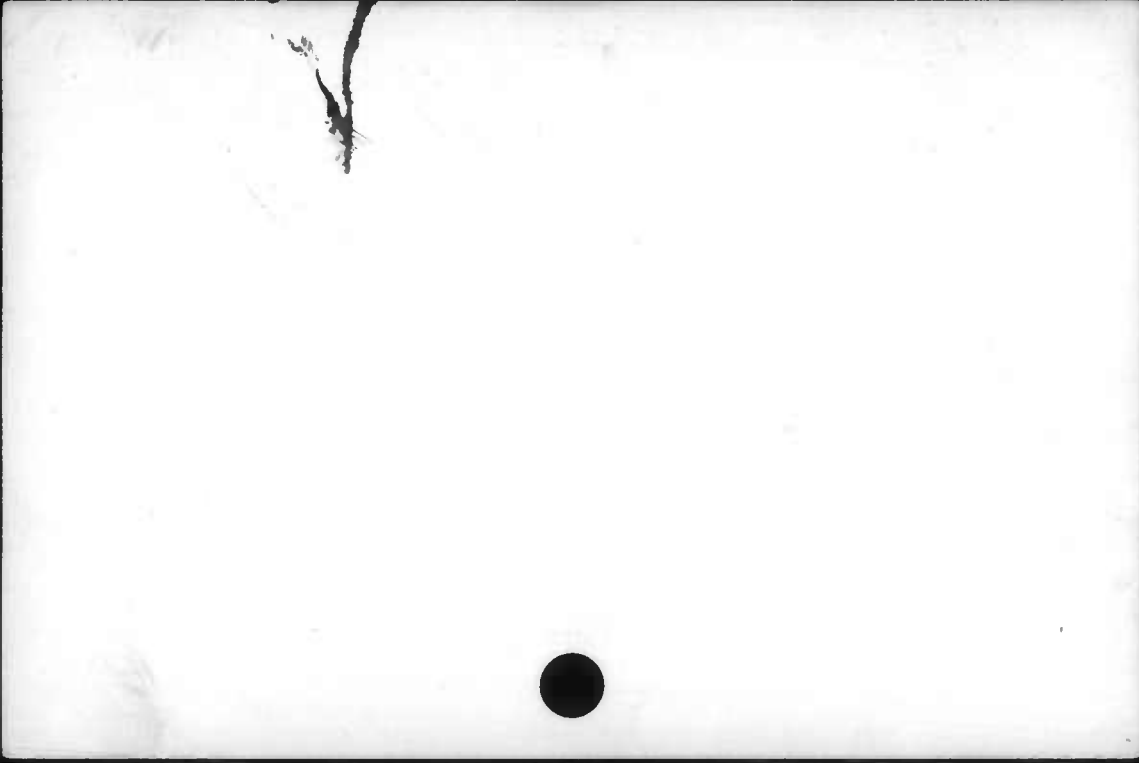
Died at <u>Baltimore</u> <u>Archester</u>		County		MAYLAND	
Date of death	Month	Day	Years	Months	Days
19 <u>40</u>	<u>April</u>	<u>5</u>	Age <u>45</u>		
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Crisfield</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William Cannon</u>				
Father's Name <u>Richard Dixon</u>	Fether's Birthplace <u>Dont Know</u>				
Mother's Maiden Name <u>Dont Know</u>	Mother's Birthplace <u>Dont Know</u>				
Name of person giving Information <u>William Cannon</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long <u>4 1/2</u> year
Immediate	<u>Exhaustion</u>	How long <u>short while</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John M. Wood</u>
		Address <u>Baltimore Md</u>
Accident or Suicide <input type="checkbox"/>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Franklin Lampier
Town Church Creek County Hockessin

MARYLAND

Died at Date of death 1900 April 4 Age 13 Months 6 Days 10

Sex Male Color or Race Black Birth-place Church Creek

Occupation None Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Andrew Lampier

Father's Birthplace Hockessin County

Mother's Maiden Name Sarah Nickels

Mother's Birthplace Hockessin County

Name of person giving Information Andrew Lampier

How related to deceased Father

CAUSES OF DEATH

29

Primary Tuberculosis How long Four months

Immediate Intestinal Hemorrhage How long One hour

Are the name, age, sex, color, date and place correctly given above? Yes

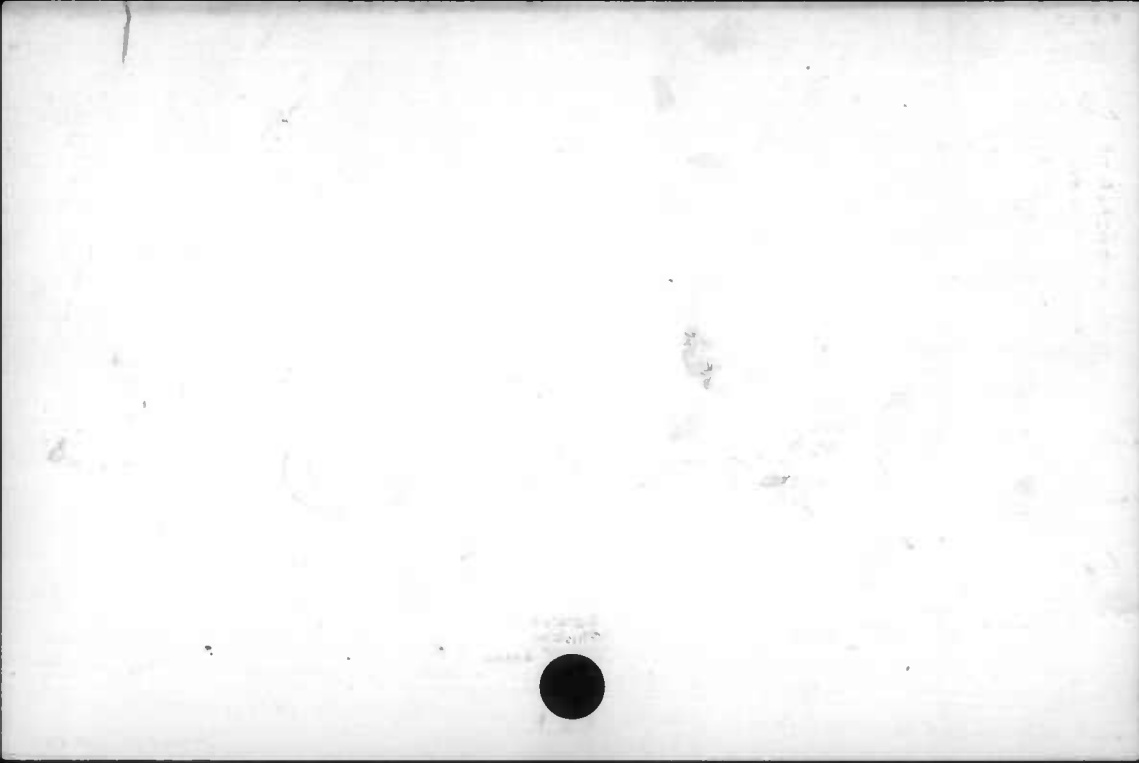
Signature of Physician

Address

Harold
Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		Apr	20th	68			
Sex	Male	Color or Race	Colored	Birth-place	Dorchester Co.		
Occupation	Laborer			Where Residing If not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name		Must know		Father's Birthplace			
Mother's Maiden Name		Emily Binstett		Mother's Birthplace		Dorchester Co.	
Name of person giving information		Annie Pherson		How related to deceased		Daughter	

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary	Nephritis and Mitral insuff.	How long	5 mos.
Immediate	Pulmonary Edema	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dexter B. Reynolds	
		Address	
		Cambridge, Md.	
Accident or Suicide?			
9414			

225

10

1000



Name
in
Full

Leon Russell Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>19/0</i>	Month <i>April</i>	Day <i>5</i>	Age		Years	Months <i>8</i>	Days		
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>					
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>✓</i>							
Father's Name <i>Hartley Jones</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annie Carr</i>				Mother's Birthplace <i>md</i>					
Name of person giving information <i>Annie Carr</i>				How related to deceased <i>mother</i>					

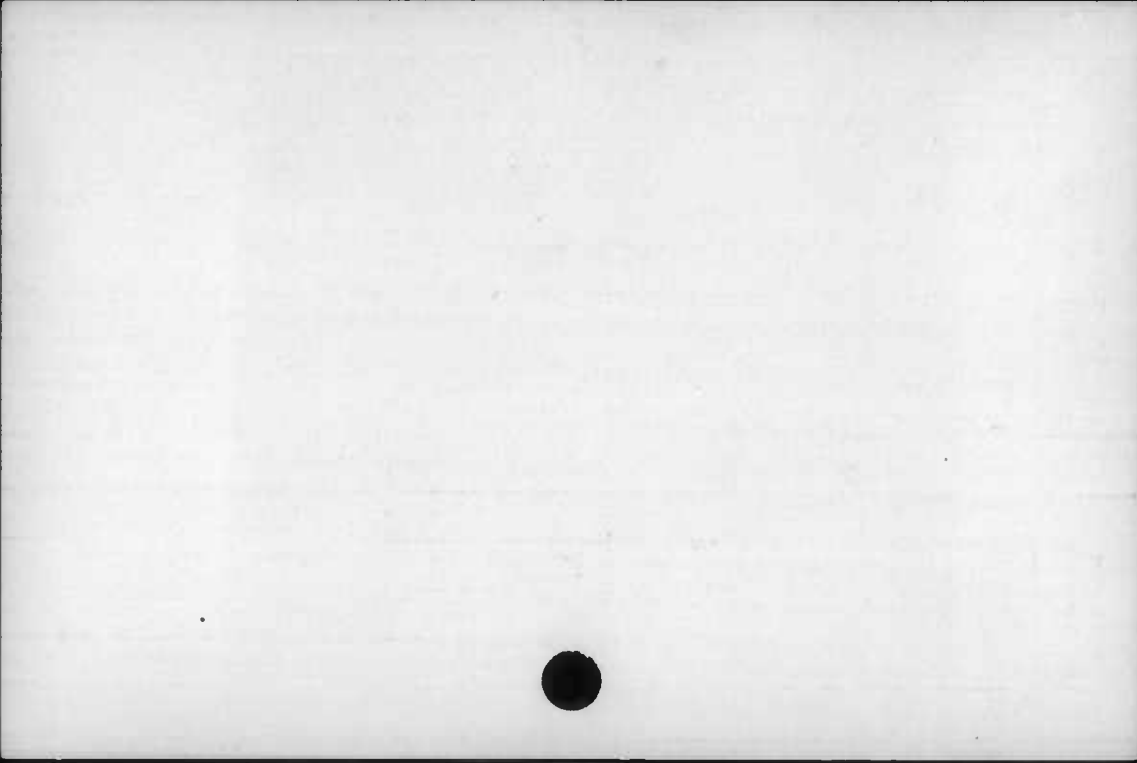
CAUSES OF DEATH

92

✓

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>Exhaustion</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Hauls</i>
	Address <i>Heavish off</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Wesley Cephas
Town
Cambridge

County

Dorchester

MARYLAND

Date

of death 1910

Month

Apr

Day

14

Age

Years

60

Months

~

Days

~

Sex

Male

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

Laborer

Where Residing if not
at place of death

~

Married, Single
or Widowed

Single

Name of Wife or
Husband

~

Father's
Name

Wesley Cephas

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Sarah Sinstett

Mother's
Birthplace

"

Name of person giving
information

Lavinia Davis

How related
to deceased

Sister

CAUSES OF DEATH

64

Primary

Apoplexy

How long

One day

Immediate

Cardiac and Resp. Failure

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Lester P. Reynolds MD

Address

Cambridge Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

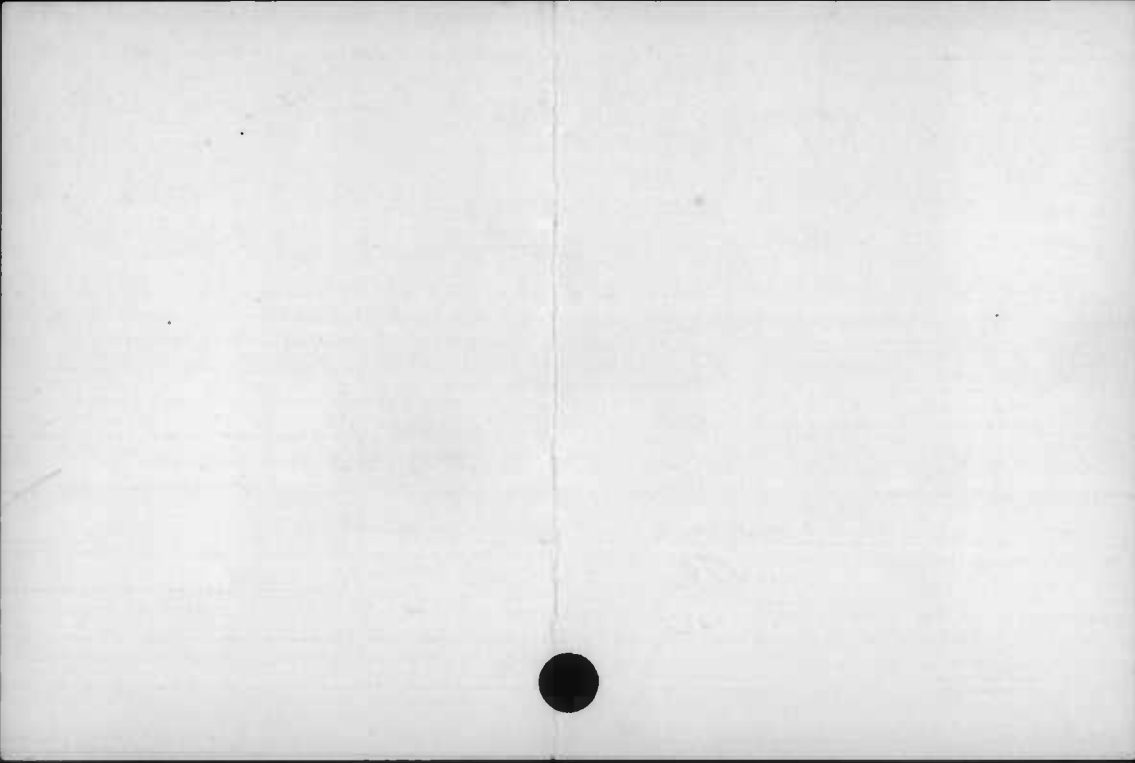
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Collins</i>			County <i>so</i>			MARYLAND			
Died at <i>June Thicket</i>			Town <i>so</i>			Months <i>7</i>			
Date of death <i>1910</i>		Month <i>Apr</i>		Day <i>23</i>		Age <i>7</i>		Days <i>—</i>	
Sex <i>male</i>			Color or Race <i>Colored</i>			Birth-place <i>Salisbury</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>June Thicket</i>						
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>						
Father's Name <i>Peter Collins</i>			Father's Birthplace <i>Salisbury</i>						
Mother's Maiden Name <i>Florence Boudier</i>			Mother's Birthplace <i>Frederick</i>						
Name of person giving information <i>Florence Collins</i>			How related to deceased <i>mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>2 months</i>
Immediate	<i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Nicols</i>
Address <i>E. N. Market</i>		
Accident or Suicide? <i>2</i>		



Name
in
Full

Riscilla B. Condon

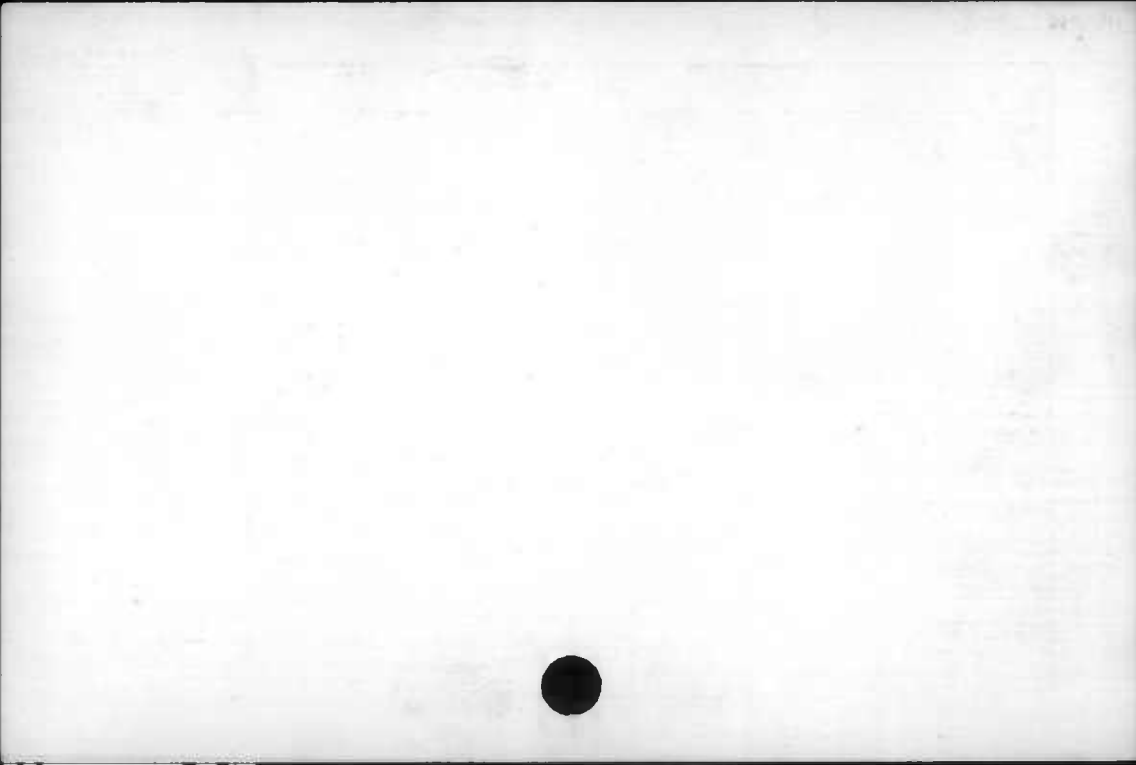
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Crown Point		Dorchester					
Date of death	Month	Day	Age	Years	Months	Days	
1900	April	13	67		5	12	
Sex	Color or Race		Birth-place				
Female	White		Maryland				
Occupation	Where Residing if not at place of death						
Housewife	Crown Point						
Married, Single or Widowed	Name of Wife or Husband						
Widow	John H. Condon						
Father's Name	Father's Birthplace						
William Thompson	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Jane Horvath	"						
Name of person giving Information	How related to deceased						
Mr. G. B. Smith	daughter						

CAUSES OF DEATH

66

PHYSICIAN OR CORONER	Primary	How long	
	Paralysis	last stroke	3 days
	Immediate	How long	prolonged
	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		John Mace	Cambridge Md
Accident or Suicide			
No			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

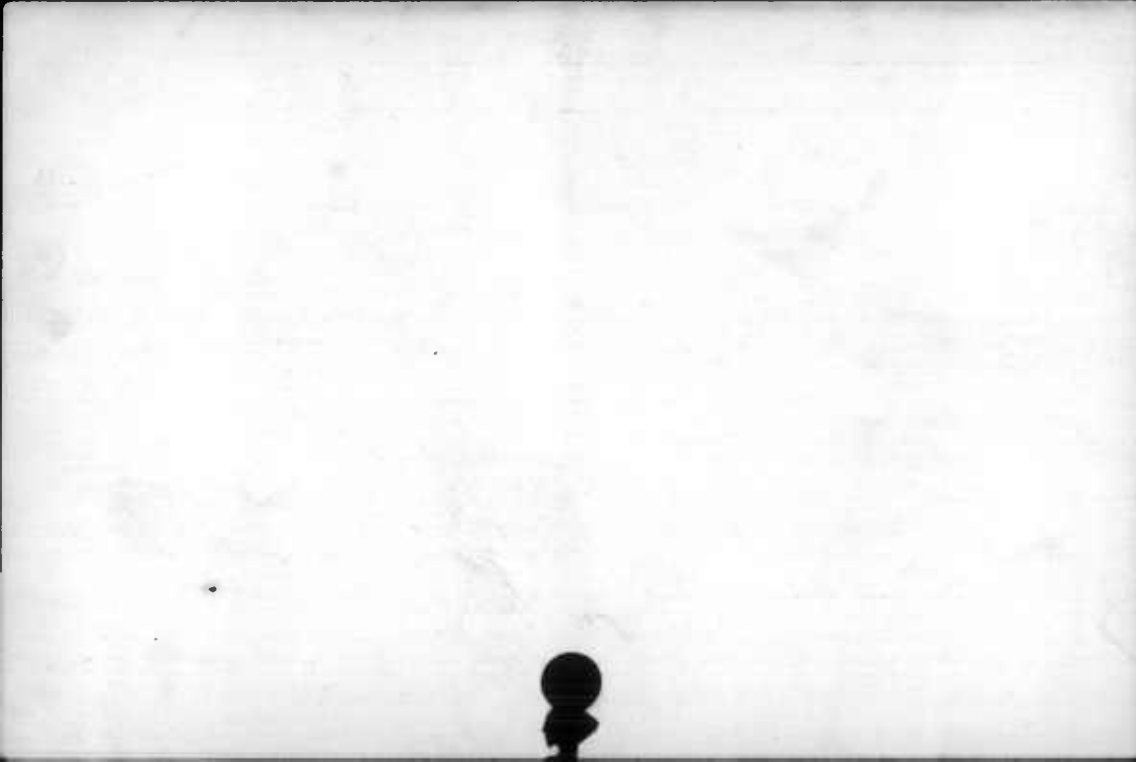
Died at <i>Bishop Head Dis no 10</i>		Town <i>Torchester</i>		County		MARYLAND	
Date of death	1960	Month	April	Day	4 th	Age	83
Sex	male	Color or Race	white	Birth-place	Bishop Head	Months	Days
Occupation	oysterman			Where Residing if not at place of death		— — —	
Married, Single or Widowed	widower	Name of Wife or Husband	Mary Dean dead				
Father's Name	John Dean			Father's Birthplace	Dorchester Co		
Mother's Meiden Name	Mary Turkes			Mother's Birthplace	Dorchester Co		
Name of person giving Information	John Dean			How related to deceased	Son		

CAUSES OF DEATH

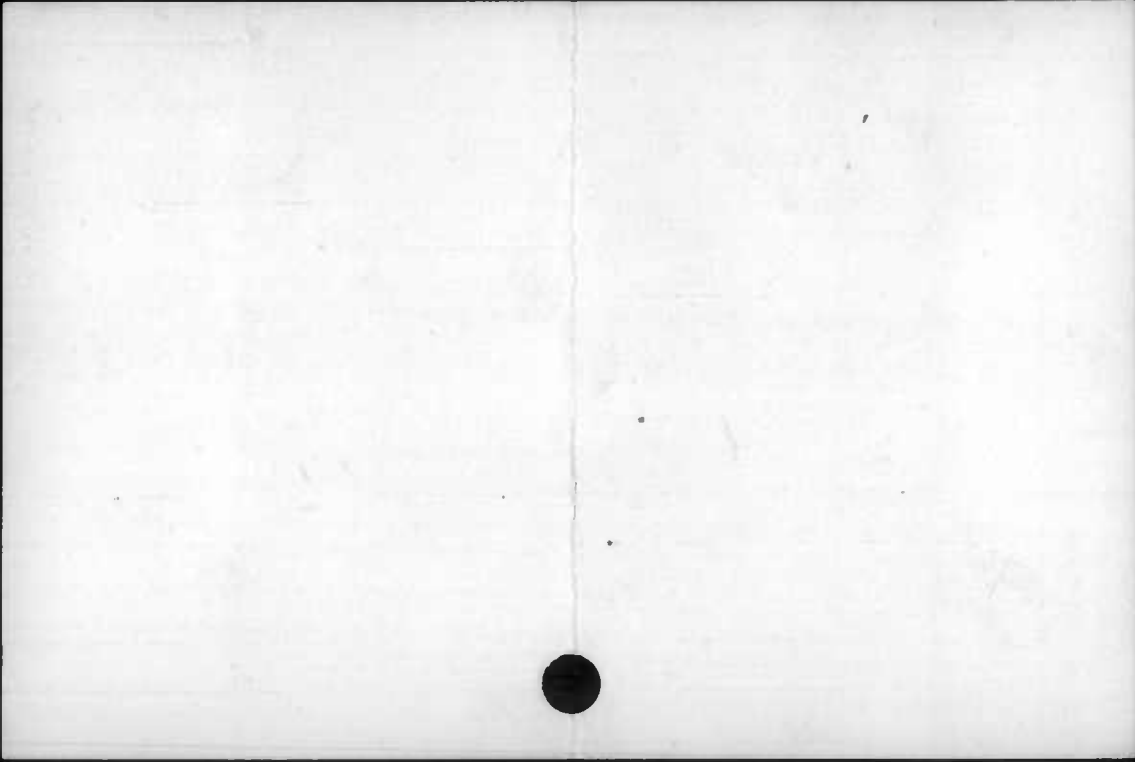
66

PHYSICIAN
OR CORONER

Primary	<i>Pericardial Heart failure</i>	How long	<i>24 Hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>no Physician in attendance</i>
		Addressee	<i>Wm H H Pritchett</i>
Accident or Suicide			<i>Register Bishop Head md</i>



Name in Full Ellen Evans,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at near Finchville <small>Town</small>		Dorchester <small>County</small>
	Date of death 1900 Apr. <small>Month</small>		4 <small>Day</small>
	Female <small>Sex</small>		Black <small>Color or Race</small>
	House-work <small>Occupation</small>		Caroline Co. Md. <small>Birth-place</small>
	Widowed <small>Married, Single or Widowed</small>		Edward Evans, decd. <small>Name of Wife or Husband</small>
	Asbury Stanford <small>Father's Name</small>		Caroline Co. Md. <small>Father's Birthplace</small>
	Martha, last name unknown <small>Mother's Maiden Name</small>		Queen Anne Co. Md. <small>Mother's Birthplace</small>
Asbury Evans <small>Name of person giving information</small>		Son. <small>How related to deceased</small>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cancer Stomach		40 <small>How long</small>
	Immediate		One year <small>How long</small>
	Are the name, age, sex, color, date and place correctly given above? yes		R K Jefferson <small>Signature of Physician</small>
			Federalbmo Md <small>Address</small>
	9 <small>Accident or Suicide?</small>		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leopards Town Dorchester County MARYLAND

Date of death 1960 Month Apr Day 12 Age 55 Years Months Days

Sex Female Color or Race White Birth-place Kingates, Md.

Occupation Housewife Where Residing if not at place of death Died at home

Married, Single or Widowed Married Name of ~~Wife~~ Husband Josiah Fitzhugh

Father's Name Kitland Deal Father's Birthplace Kingates, Md.

Mother's Maiden Name Mary Parks Mother's Birthplace Kingates, Md.

Name of person giving Information Joseph S. Fitzhugh How related to deceased Son

CAUSES OF DEATH

40

Primary Carcinoma of Stomach with How long Unknown
Pneumonia possibly involvement of lung.

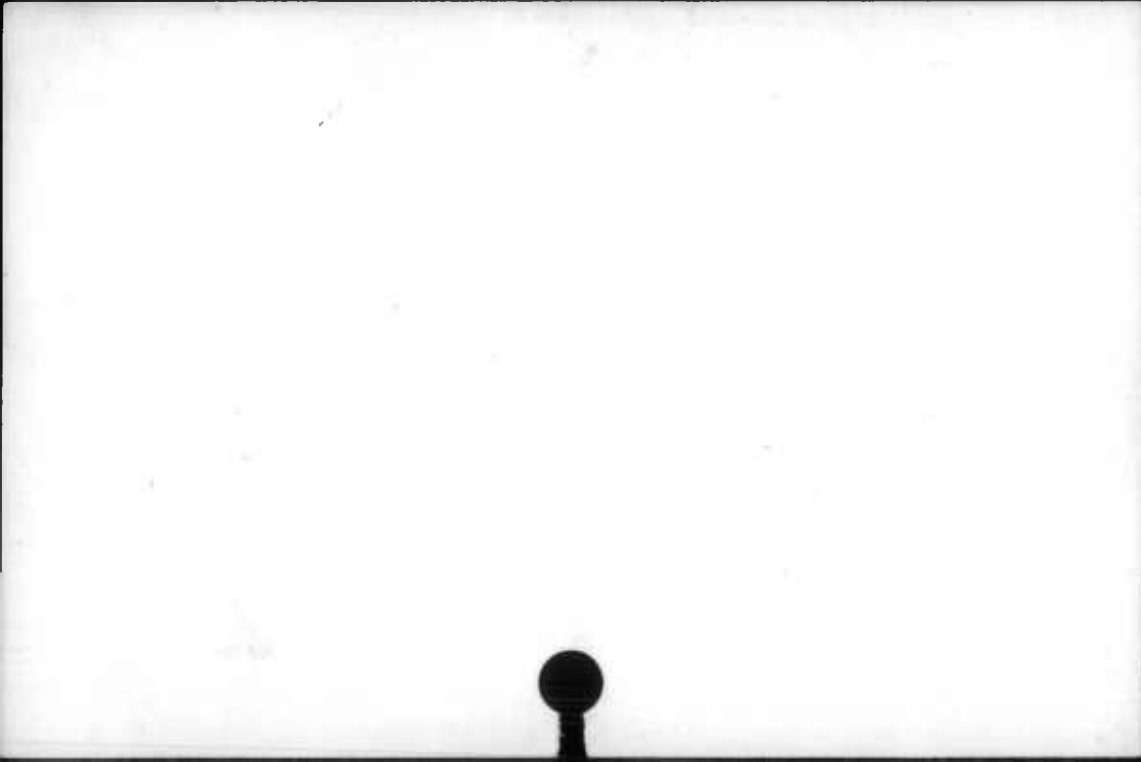
Immediate Pneumonia ? of lung. How long 6 days


Are the name, age, sex, color, date and place correctly given above? Yes, so far as I know

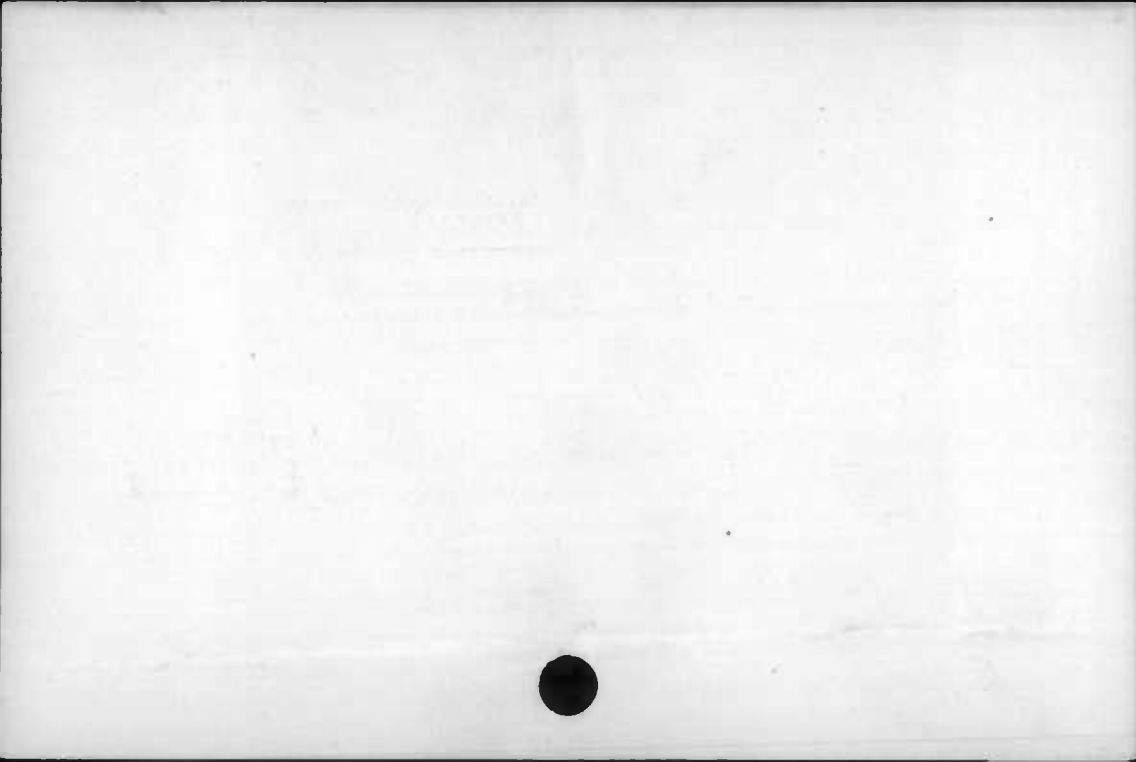
Signature of Physician J. M. White Address Leopards, Dorchester Co Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name in Full		Sillian C Henry.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dorchester District		County Dorchester		MARYLAND	
	Date of death	1900	Month April	Day 5	Age 9	Years -	Months -
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Infant.		Where Residing if not at place of death		-	
	Married, Single or Widowed	Infant.		Name of Wife or Husband		Infant.	
	Father's Name	George Henry.				Father's Birthplace	Mid.
	Mother's Maiden Name	Emma Frozier				Mother's Birthplace	Mid.
Name of person giving information	George Henry.				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia				How long	10 days
	Immediate	Heart Failure				How long	6 hrs.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				<div style="text-align: center;">  </div>			



Name
in
Full

CERTIFICATE OF DEATH

Margaret M. Hopkins

MARYLAND

Died at ^{Town} Cambridge ^{County} Dorchester

Date of death 1900 ^{Month} April ^{Day} 21 Age ^{Years} 49 ^{Months} ^{Days}

Sex ^{Female} Color or Race ^{White} Birth-place ^{Dorchester Md.}

Occupation ^{Housewife} Where Residing if not at place of death ^{Cambridge}

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Wm R. Hopkins}

Father's Name ^{Joseph M. Givilly} Father's Birthplace ^{Maryland}

Mother's Maiden Name ^{Mary Vincent} Mother's Birthplace ["]

Name of person giving Information ^{Wm R. Hopkins} How related to deceased ^{Husband}

CAUSES OF DEATH

Primary ^{Measles} How long ^{Two weeks}

Immediate ^{meningitis} How long ^{A few days.}

Are the name, age, sex, color, date and place correctly given above? ^{Yes}

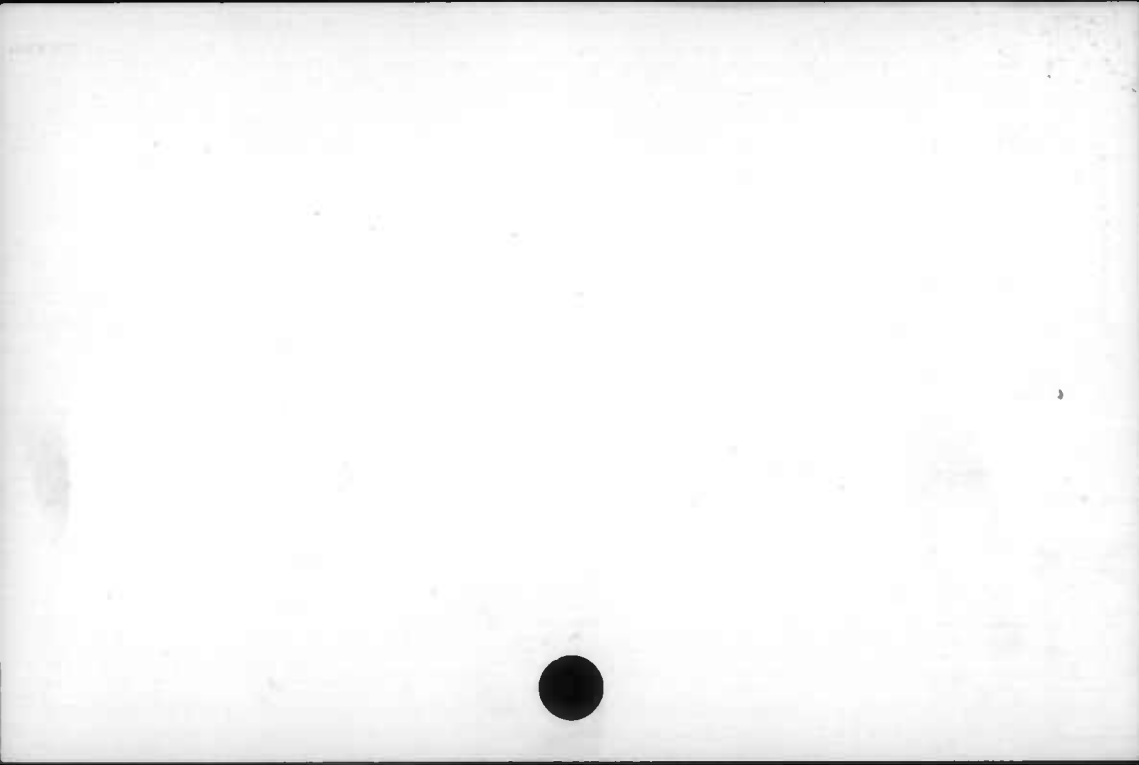
Signature of Physician ^{Dr. Goldsborough}

Address ^{Cauling, Me}

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant-
Bucktown
Dorchester Co
MARYLAND

Died at
Date of death 1900
Sex Female
Occupation Baby
Married, Single or Widowed Single
Father's Name Joe Lusley
Mother's Maiden Name Blanch Shorter
Name of person giving Information Woodham Elsie

Month April
Day 11
Age
Color or Race White
Where Residing if not at place of death Bucktown
Birth-place Bucktown
Father's Birthplace Bucktown
Mother's Birthplace Bucktown
How related to deceased Uncle

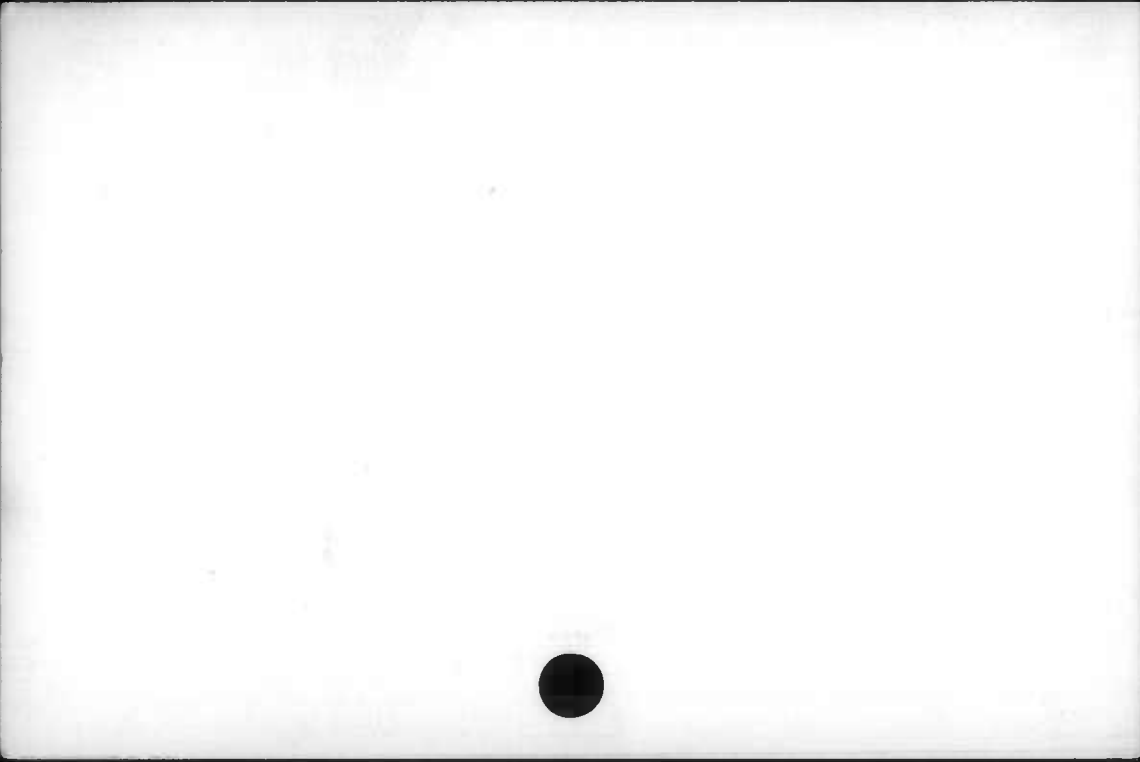
CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Menses
Immediate
Are the name, age, sex, color, data and place correctly given above? yes
Accident or Suicida

How long
How long
Signature of Physician
Address Cambridge



Name
in
Full

Margaret H. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

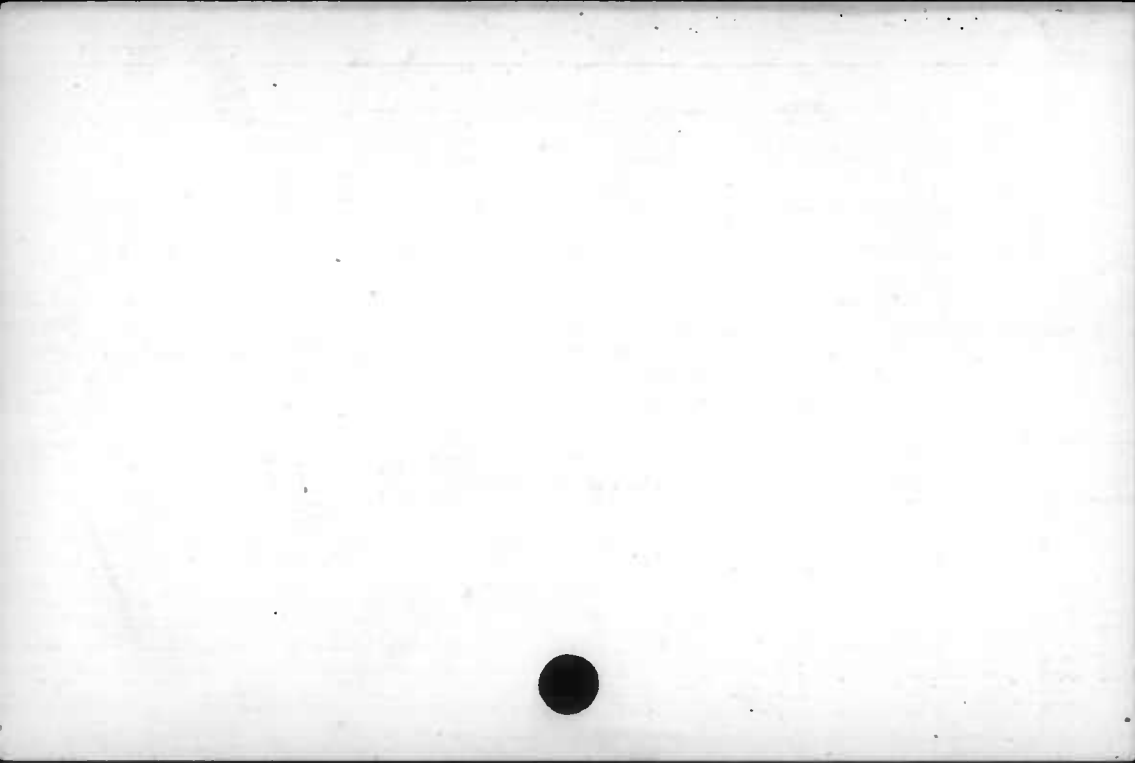
Died at <i>Grapo</i> Town		<i>Dorchester</i> County			
Date of death <i>1960</i>	Month <i>Apr</i>	Day <i>9</i>	Age <i>57</i>	Months <i>7</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Grapo. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Died at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Jackson</i>				
Father's Name <i>Wesley Jackson</i>	Father's Birthplace <i>Grapo Md</i>				
Mother's Maiden Name <i>Madeleine name unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>William Jackson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, so far as I know</i>	Signature of Physician <i>J. M. White</i>
Address <i>Grapo, Dorchester Co. Md.</i>	
Accident or Suicide	



Name
in
Full

Cassie James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cannorage ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 1940 ^{Month} April ^{Day} 12 Age 55 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Cannorage

Occupation Housewife Where Residing if not at place of death —

~~Married~~ Single Widow Name of Wife or Husband Thomas James

Father's Name Benny Jackson Father's Birthplace Dont Know

Mother's Maiden Name Francis Jennifer Mother's Birthplace Cannbridge

Name of person giving Information Sarah Jane Jackson How related to deceased Sister

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Cerebral Softening

Apoplexy

Yes

Four weeks

Five days

Victor Carroll

Cannbridge Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

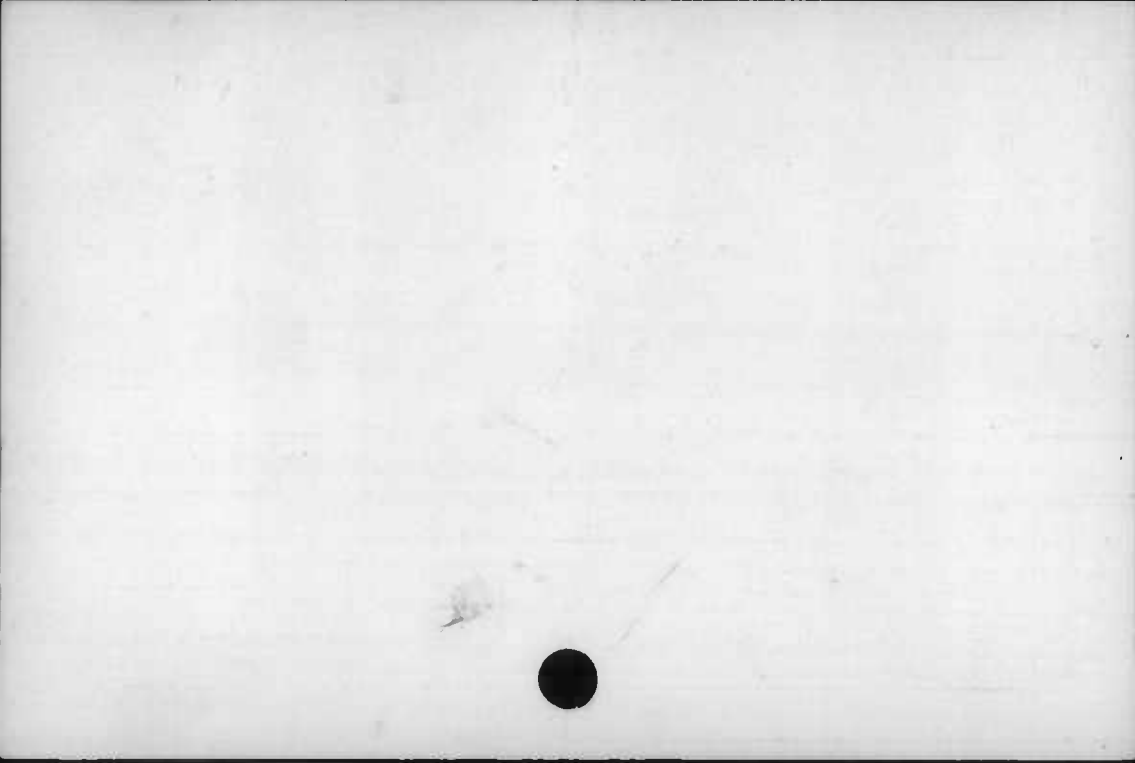
Died at <i>Lizzie Johnson</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1916</i>		Month <i>April</i>	Day <i>27th</i>	Age <i>20</i>	Months <i>6</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Thompson Town</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Same place</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Lewis Johnson</i>	Father's Birthplace <i>Dor. County</i>				
Mother's Maiden Name <i>Floora Johnson</i>	Mother's Birthplace <i>Same</i>				
Name of person giving information <i>Lewis Johnson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Unknown

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>(189)</i>
Immediate	<i>no physician in attendance</i>	How long	<i>16</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None Wm J. Abdele JP</i>	
Address <i>assnt</i>			
Accident or Suicide?			



Name
in
Full

Elizabeth A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

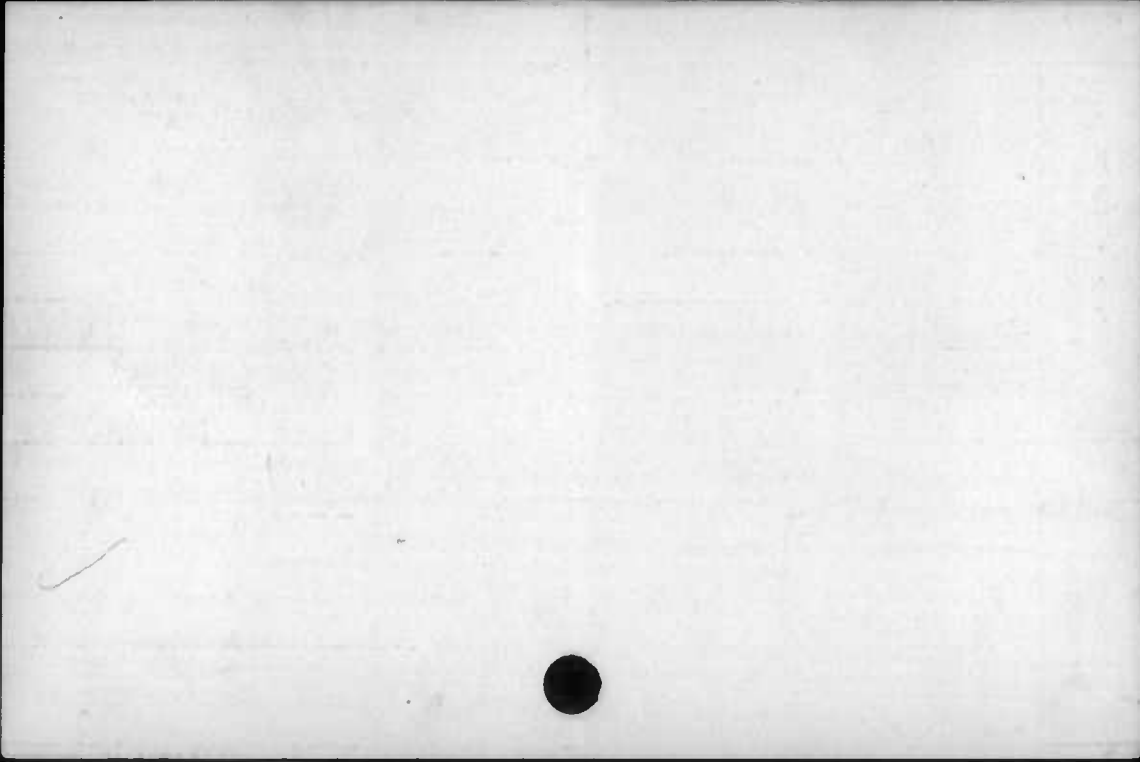
Died at ^{Town} <i>Hurlock</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death	19 <i>66</i>	Month <i>April</i>	Day <i>28</i>	Age <i>75</i>	Years <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>	Months <i>July</i>	Days <i>1</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Hurlock</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James H. Jones</i>				
Father's Name <i>Francis C. Turpin</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary A. Smoot</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Francis I. Turpin</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>General debility</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Fleming</i>
	Address <i>Hurlock Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

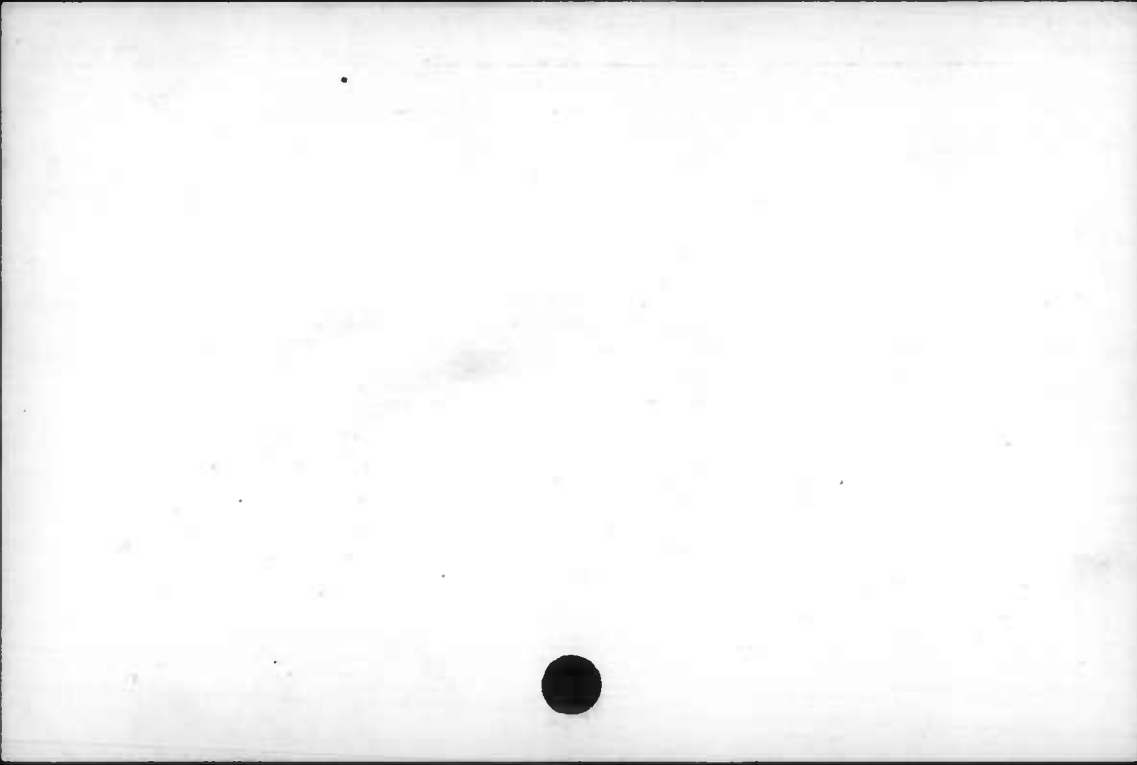
Name in Full <i>John S. Jones</i>		Town <i>Golden Hill</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Golden Hill</i>		Month <i>April</i>		Day <i>23</i>		Years <i>82</i>	
Date of death <i>1970 April 23</i>		Age <i>82</i>		Months <i></i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Sailing</i>		Where Residing if not at place of death <i>#</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Walter D. Dummerck</i>					
Father's Name <i>Frieder J. Jones</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Eugene Jones</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>1 yr.</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joe K. Shriver Jr.</i>
<i>Q</i>	Address <i>Taylor's Island</i>
Accident or Suicide <i>#</i>	<i>Dor. Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Brook Linthicum
Died at Church Creek Dorchester

MARYLAND

Date of death 1900 April 19 Age 2
Sex Female Color or Race White Birth place Dorchester County
Occupation

Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband
Father's Name Alvin Linthicum
Mother's Maiden Name Ella Brooks
Name of person giving Information Alvin Linthicum

Father's Birthplace Dorchester County
Mother's Birthplace Dorchester County
How related to deceased Father

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Central Nervous System How long Six hours
Immediate " " How long " "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

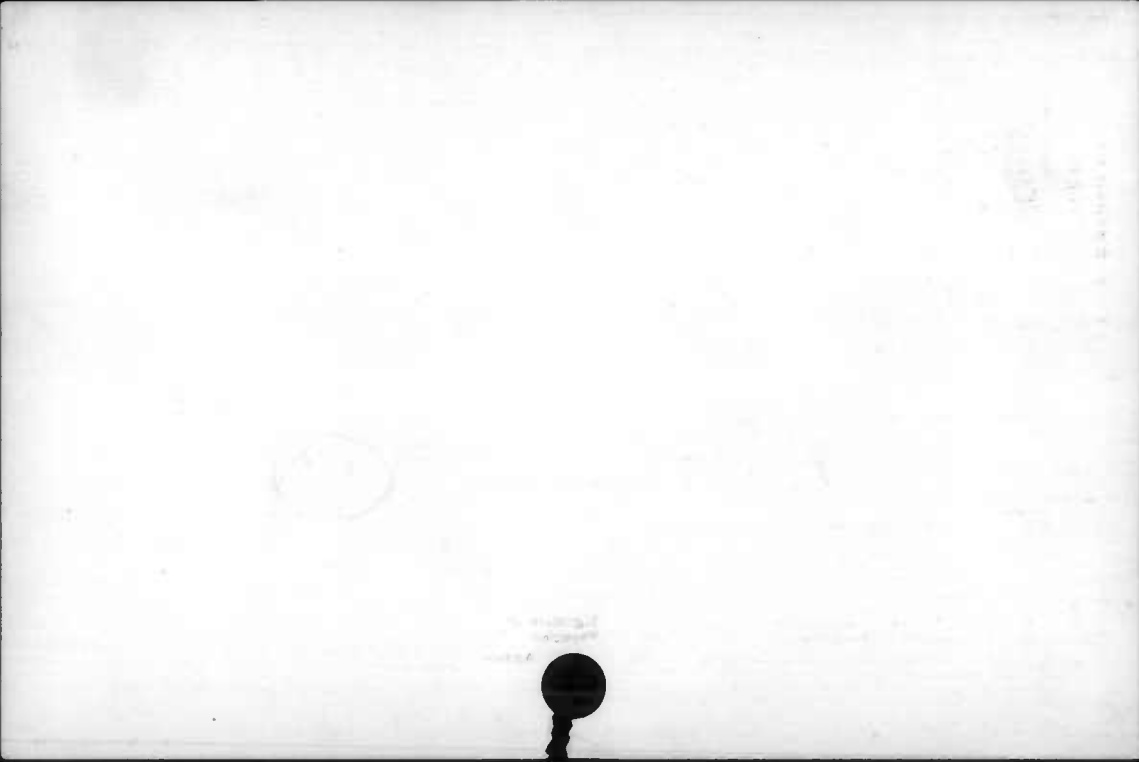
Name in Full <i>Charles Luke Macer</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND					
Died at		Month <i>April</i>		Day <i>4</i>		Years <i>—</i>		Months <i>9</i>		Days <i>2 1/2</i>	
Date of death <i>1960</i>		Age <i>—</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Church Creek</i>		Occupation <i>✓</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>		Where Residing if not at place of death <i>✓</i>							
Father's Name <i>Engene Macer</i>		Father's Birthplace <i>Dorchester Co Md</i>		Mother's Maiden Name <i>Eliya E. Ophus</i>		Mother's Birthplace <i>Dorchester Co Md</i>		How related to deceased <i>Maternal</i>		Name of person giving Information <i>Eliya Ophus</i>	

CAUSES OF DEATH

97 ✓

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Acute infection</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harold</i>
Accident or Suicide <i>✓</i>	Address <i>Cambridge Md,</i>



Name
in
FullGosheim
Jm Mueller -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>	County <i>Dorchester</i>		MARYLAND	
Date of death	1960	Month <i>June</i>	Day <i>10</i>	Age <i>41</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Austria</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Mrs. Ella Habb</i>	How related to deceased <i>Niece</i>					

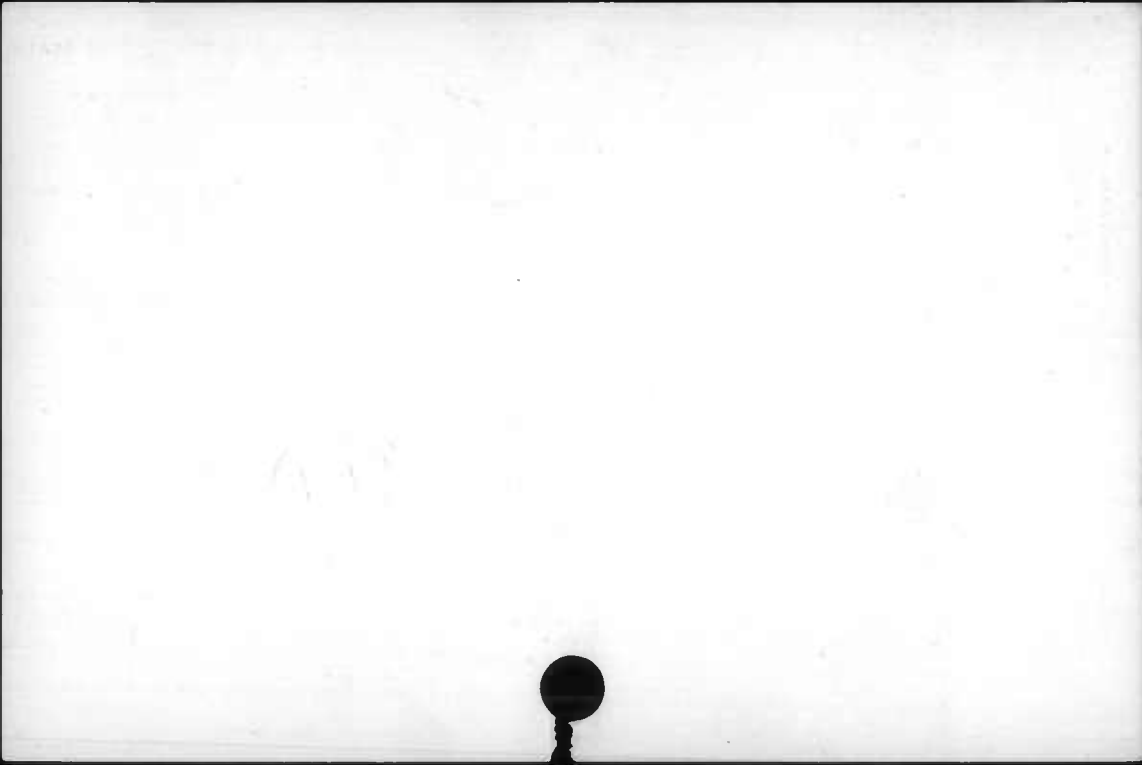
CAUSES OF DEATH

137

✓

PHYSICIAN
OR CORONER

Primary <i>Confinement</i>	How long <i>10 days</i>
Immediate <i>Sepsaemia</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. L. G. G. G.</i>
	Address <i>Cambridge, Ma</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Pinkel-*

Died at *Bucktown* ^{Town} *Dorchester Co* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *April* ^{Day} *28* Age *62* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *Collord* Birth-place *Bucktown*

Occupation *Farmer* Where Residing if not at place of death *Bucktown*

Married, Single or Widowed *Married* Name of Wife or Husband *Emley Pinder*

Father's Name *Henry Pinkel-* Father's Birthplace *Primmer*

Mother's Maiden Name *Don-Know* Mother's Birthplace *Don-Kn*

Name of person giving Information *C E Jackson* How related to deceased *non*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *Several months*

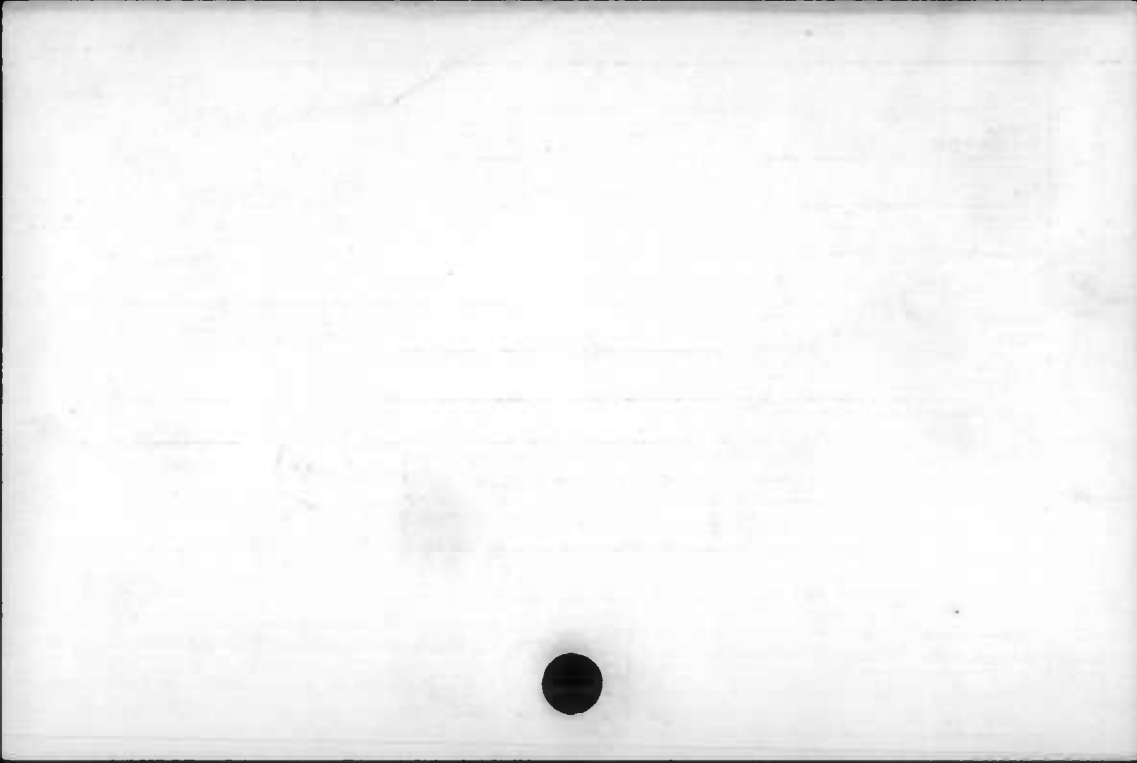
Immediate *Uremia + Heart Failure* How long *Not long.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. E. Wolff*

Address *Cambridge, Md*

Accident or Suicide *2*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

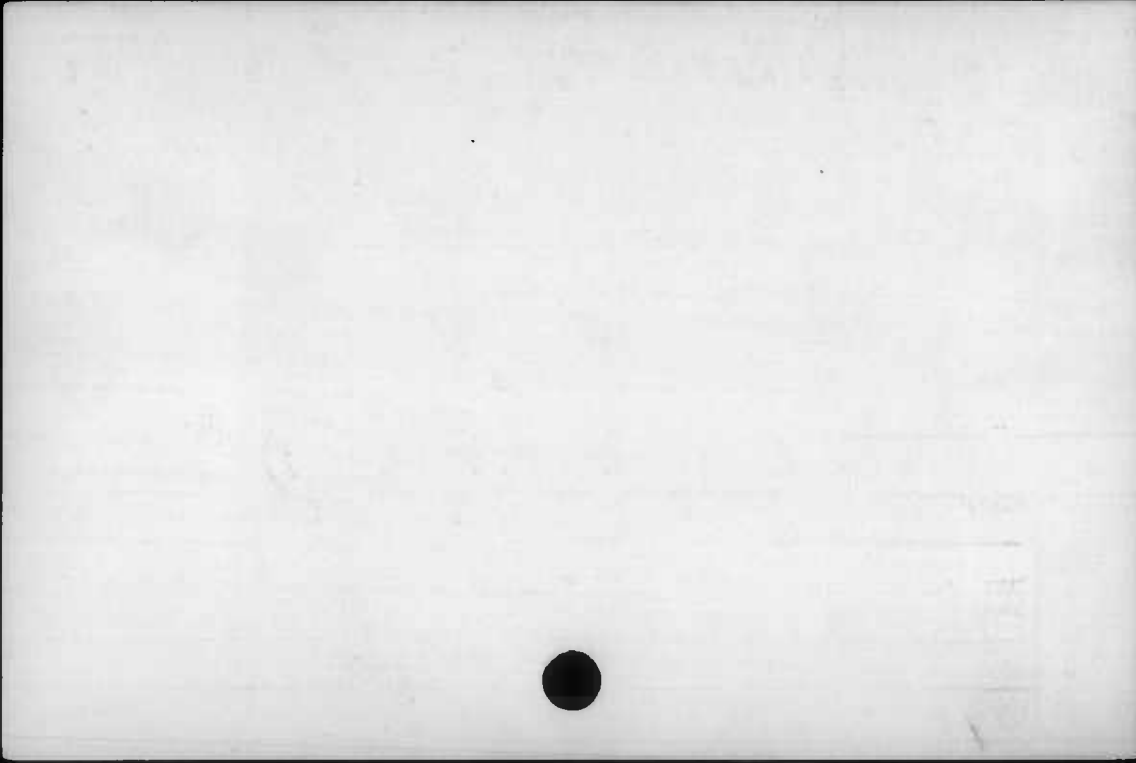
Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1910 Apr</i>		Month <i>Apr</i>		Day <i>11</i>		Age <i>16</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Dorchester Co</i>			
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joshua Stanley</i>				Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Julia Cornish</i>				Mother's Birthplace <i>Dorchester "</i>			
Name of person giving information <i>Julia Stanley</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Phthisis Florida</i>		How long <i>3 mos</i>	
Immediate <i>Cardiac Failure</i>		How long <i>Several days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dexter B. Reynolds MD</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Bertha Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1910	Month Apr	Day 14	Age 70	Years	Months ~	Days 28
Sex	Female		Color or Race	Colored		Birth place	Dorchester Co
Occupation	Housework			Where Residing if not at place of death ~			
Married, Single or Widowed	Single		Name of Wife or Husband ~				
Father's Name	Chas Jackson					Father's Birthplace	Dorchester Co
Mother's Maiden Name	Mary Stewart					Mother's Birthplace	" "
Name of person giving Information	Mary Stewart					How related to deceased	Mother

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 mos
Immediate	Asthma		How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Lester S. Reynolds
			Address	Cambridge Md
Accident or Suicide?				



Name
in
Full

No Name Infant Stoker

CERTIFICATE OF DEATH

MARYLAND

Died at Cambridge Town Dorchester County
Date of death 1980 April 27 Age — Years — Months — Days —
Sex Male Color or Race White Birth-place Maryland
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Guy Stoker Father's Birthplace Maryland

Mother's Maiden Name Katie Durham Mother's Birthplace "

Name of person giving Information Guy Stoker How related to deceased Father

CAUSES OF DEATH

Primary Primation How long 151
Immediate Lack of development How long 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John W. Moore
Cambridge Md.

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Miss

cannot find Dr Mac

Name
in
Full

Henrietta Sudler

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Dorchester

MARYLAND

Date of death 1900 ^{Month} April ^{Day} 22 ^{Age} — ^{Years} — ^{Months} 6 ^{Days} —

Sex Female Color or Race Blk Birth-place Md.

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Joseph Sudler

Father's Birthplace Md

Mother's Maiden Name Loula Emmells

Mother's Birthplace Md

Name of person giving Information Loula Emmells

How related to deceased Mother

CAUSES OF DEATH

Primary Acute Enteritis } This is from the History of case as } How long 2 4 hrs.

Immediate Heart Failure } I never saw child of } How long very short } until after death

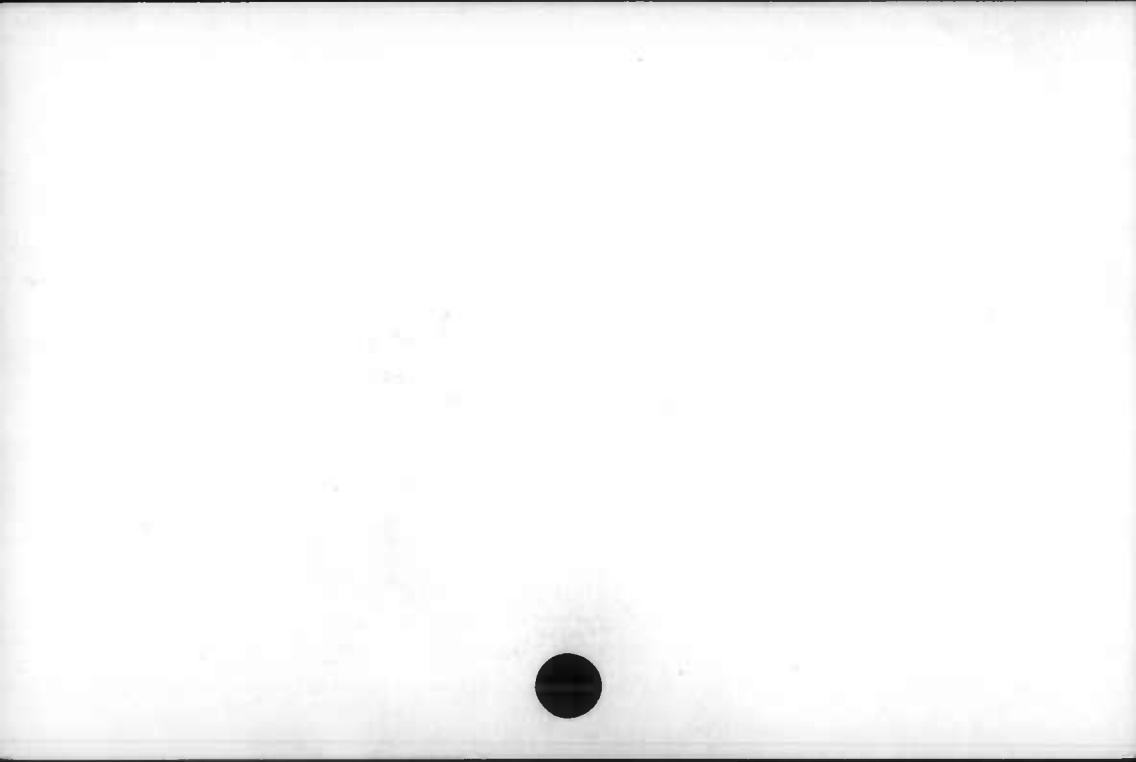
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Wolff City H. O.

Address Cambridge, Md

Accident or Suicide L+H

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Gorden Hill* Town *Ward* County *Dorchester* MARYLAND
Date of death *19010* Month *April* Day *7* Age *—* Years *—* Months *—* Days *✓*
Sex *Female* Color or Race *Black* Birthplace *Dorchester Co*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Robert Ward* Father's Birthplace *Dorchester Co*
Mother's Maiden Name *Harrick Barber* Mother's Birthplace *Dorchester*
Name of person giving Information *Robert Ward* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* How long *✓*

Immediate *✓* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Harrick Barber
Cambridge Md

Accident or Suicide

PHYSICIAN
OR CORONER

1-10-1914
1-10-1914
1-10-1914



Name
in
Full

Thomas Jefferson Hells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Holford

Town

Dorchester

County

MARYLAND

Date

of death 190

Month

April

Day

1st

Age

Years

69

Months

3

Days

7

Sex

Male

Color or
Race

White

Birth
place

Dorchester

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amanda Hells

Father's
Name

William Hells

Father's
Birthplace

Dorchester County

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Dorchester County

Name of person giving
Information

Amanda Hells

How related
to deceased

Wife

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Influenza

How long

Two weeks

Immediate

Endocarditis

How long

Four days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. Carroll

Address

Cambridge Md.

Accident or Suicide



Name
in
Full

Harrison B Wilson

CERTIFICATE OF DEATH

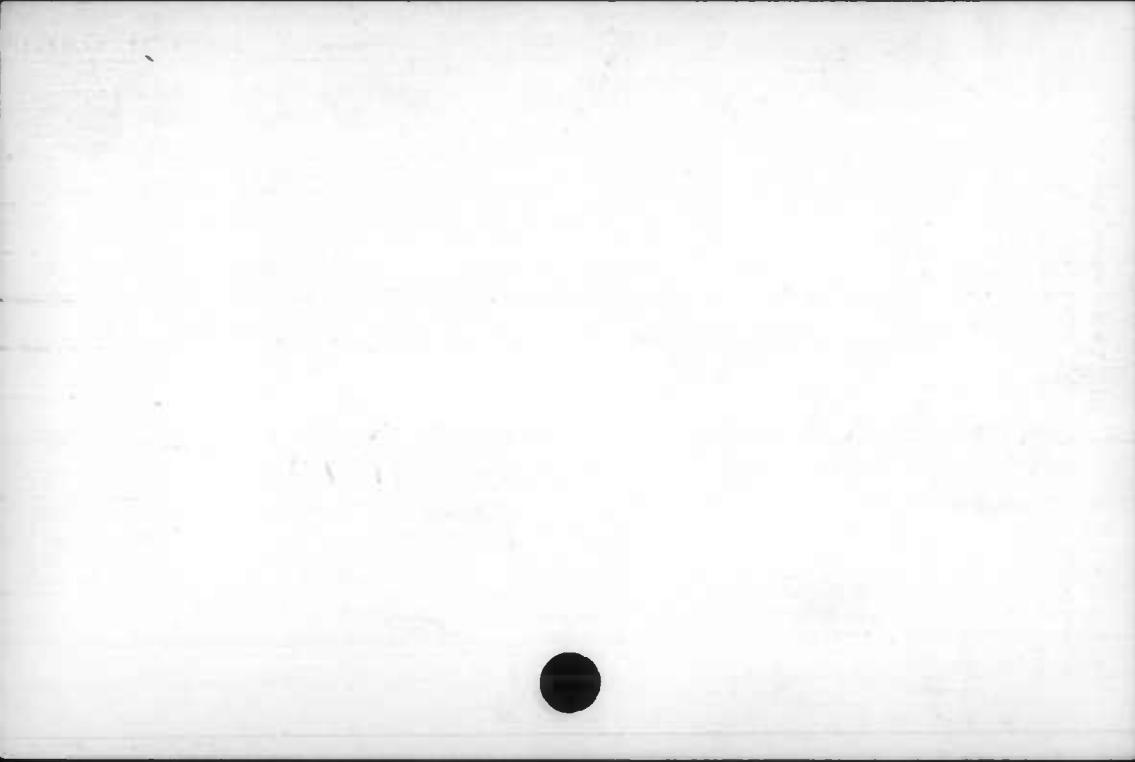
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carnersville</u> ^{Town}		<u>Bochester</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	<u>Apr</u> ^{Month}	<u>2</u> ^{Day}	Age <u>18</u> ^{Years}	<u>18</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>negro</u>		Birth-place <u>Bo. Co. Md</u>		
Occupation <u>Farm labourer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Jos Wilson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Liddy Neals</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Ernest Wilson</u>	How related to deceased <u>Bro -</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>1 mo</u>
Immediate <u>Peritonitis with effusion</u>	How long <u>1 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. A. Stokes</u>
	Address <u>Carnersville</u>
Accident or Suicide <u>no</u>	



Name
in
Full

Marcha C. Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambriage ^{Town} Mass ^{County} Dor.
 Date of death 1940 ^{Month} April ^{Day} 7 ^{Years} 60 ^{Months} — ^{Days} —
 Sex Female Color or Race Colored Birth-place Queen Anne's
 Occupation Housewife Where Residing if not at place of death —
 Married, Single or Widowed Widow Name of Wife or Husband was Tho. J. Woolford
 Father's Name Dont Know Father's Birthplace Dont Know
 Mother's Maiden Name Dont Know Mother's Birthplace Dont Know
 Name of person giving Information Hester Woolford How related to deceased Son

CAUSES OF DEATH

Primary Chronic Nephritis How long Dont Know
 Immediate Uremic Poison How long Four days
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician H. G. G. G.
 Address Cambriage Mass
 Accidental or Suicide L+H

PHYSICIAN
OR CORONER



Name
in
Full

Winterbottom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Cauldage</i>		County <i>Dorchester</i>			
Date of death		Month	Day	Age	Years	Months	Days
1900		<i>April</i>	<i>17</i>				<i>0</i>
Sex	male			Color or Race	white		
Birth-place	<i>Cauldage Md</i>						
Occupation	_____			Where Residing if not at place of death			
Married, Single or Widowed	_____			Name of Wife or Husband			
Father's Name	<i>Dr G. Winterbottom</i>				Father's Birthplace	<i>Cauldage Md</i>	
Mother's Maiden Name	<i>Hannah Davis</i>				Mother's Birthplace	<i>Dorchester</i>	
Name of person giving Information	<i>Facts all known to me</i>						

CAUSES OF DEATH

Primary	<i>Sea Born</i>	How long	<i>1</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr G. Winterbottom

Address

Cauldage Md

Accident or Suicide

PHYSICIAN
OR CORONER

Vicci

Name
in
Full

CERTIFICATE OF DEATH

Shailer - Young

Town

County

MARYLAND

Died at

Bucktown

Borchester Co

Date

Month

Day

Years

Months

Days

of death

1900

April

2

Age

80

Sex

Female

Color or
Race

Black

Birth-
place

Bucktown

Occupation

House Work

Where Residing if not
at place of death

Bucktown

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Harris Young

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Hannah Hughes

Mother's
Birthplace

Bucktown

Name of person giving
Information

William Brooks

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Anterior Sclerosis

How long

Ant long

Immediate

Chronic Dysphagia

How long

Ant long

Are the name, age, sex, color, date
and place correctly given above?

yes

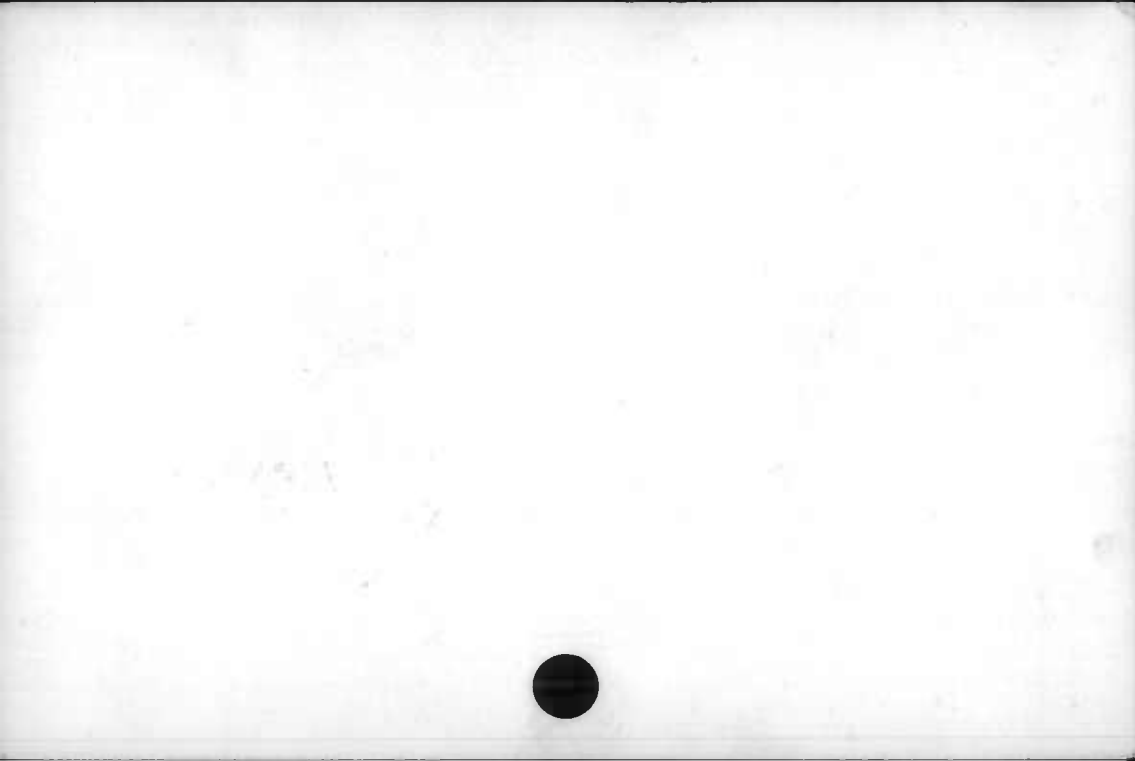
Signature of
Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Unknown
Town

CERTIFICATE OF DEATH

MARYLAND

Died at *Choptank River*

County

Date

of death

1900 April

Day

15

Age

about 50

Years

Months

Days

Sex

Male

Color of
Race

white

Birth-
place

unknown

Occupation

unknown

Where Residing if not
at place of death

unknown

Married, Single
or Widowed

unknown

Name of Wife or
Husband

unknown

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

W. H. Moore - Coroner

How related
to deceased

none

CAUSES OF DEATH

Primary

172

How long

169

Immediate

supposed to be by drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. L. Moore, acting as
Coroner

Address

Cornersville

Accident or Suicide

MD

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

